

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009212

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED FEB 19 1963

318

Primary Registration District No. 1003

Registrar's No. 1626

VS 300  
Rev. 4/59

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Florissant	
Length of stay in 1b DOA		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Bros. Hospital		d. STREET ADDRESS (If outside, give location) 4770 N. Hwy 140	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Ewald H. Poggemoeller		4. DATE OF DEATH Month Day Year 2-12-63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-20-01
9. AGE (last birthday) 61 Yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Press Operator	
11. BIRTHPLACE (City and state or country) Black Jack, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Herman Poggemoeller		13b. MOTHER'S MAIDEN NAME Elizabeth Cellain	
14. NAME OF HUSBAND OR WIFE Edna Niehaus Poggemoeller		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Edna Poggemoeller Florissant, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Primary Hepatoma of Liver DUE TO (b) Rt. Cordeau Failure DUE TO (c) Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 10 weeks 1 mo. 1 wk.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 155.0		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from DEC 8, 1962 to FEB 12, 1963 and last saw her alive on FEB 12, 1963 Death occurred at 1:10 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. Deppach M.D.		22b. ADDRESS 1901 Madison St. St. Louis Mo.	
22c. DATE SIGNED 2/14/63		23a. BURL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 2-15-63		23c. NAME OF CEMETERY OR CREMATORY Salem Cemetery	
23d. LOCATION (City, town, or county) Black Jack, Missouri		24. FUNERAL DIRECTOR White-Mullen 118 N. Florissant Rd. Ferg.	
25. DATE RECD. BY LOCAL REG. FEB 14 1963		26. REGISTRAR'S SIGNATURE Road Smith, M.D.	

Mr. Carpenter  
1901 Madison Ave  
6-8:30 PM

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address Berkley, Mass

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.